UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



REGION III

841 Chestnut Building Philadelphia, Pennsylvania 19107

MAR 14 1990

<u>CERTIFIED MAIL</u> Return Receipt Requested

Mr. Gary Reynolds A-1 Plating Company, Inc. 311 S. Haven Street Baltimore, Maryland 21224

Re: A-1 Plating Company, Inc.

MDD 003 101 847

Dear Mr. Reynolds:

Pursuant to the enforcement authority granted to the Environmental Protection Agency ("EPA") under Section 3007 of the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. Section 6927, which provides in relevant part that "...any person who generates, stores, treats, transports, disposes of, or otherwise handles or has handled hazardous waste shall, upon request of any officer, employee or representative of the Environmental Protection Agency, duly designated by the Administrator,...furnish information relating to such wastes..." (emphasis added), EPA hereby requests that you furnish to EPA within fifteen (15) calendar days of receipt of this letter, the information requested below.

- 1. Please furnish to EPA a list of all the waste streams generated by A-1 Plating Company, Inc. ("the Facility") and a copy of all hazardous waste manifests for off-site shipments of hazardous waste since November 8, 1986.
- 2. Did A-1 Plating Company, Inc. or anyone designated by A-1 Plating Company, Inc. conduct waste analyses on each waste stream generated by the Facility as required under 40 C.F.R. Section 268.7(a)?
- 3. Did A-1 Plating Company, Inc. or anyone designated by A-1 Plating Company, Inc. use its knowledge of each of the Facility's waste streams to determine if the wastes are restricted from land disposal pursuant to 40 C.F.R. Section 268.7(a)? If so, did A-1 Plating Company, Inc. generate any documentation to support such determination?
- 4. Please furnish to EPA copies of all waste analyses conducted on each of the Facility's waste streams.

- 5. Please furnish to EPA copies of all supporting data used to determine, solely on applied knowledge of the waste, whether any of the Facility's waste streams are restricted from land disposal (See 40 C.F.R. Section 268.7(a)(5)).
- 6. Did A-1 Plating Company, Inc. or anyone designated by A-1 Plating Company, Inc. furnish a certification and/or written notification (the terms of which are described in 40 C.F.R. Section 268.7(a)(1) and (2)) with each shipment of land disposal restricted waste to the treatment, storage, or disposal facility receiving the waste?
- 7. Please furnish to EPA copies of all certifications and/or written notifications required by 40 C.F.R. Section 268.7(a)(1) and/or (2) to the treatment, storage or disposal facility receiving the Facility's waste.
- 8. Please furnish to EPA copies of all bills, invoices, receipts and any other records in your possession, custody or control which relate to the disposal or treatment of waste shipped off-site after November 8, 1986.

Failure to provide the information requested or to adequately explain the basis for such failure constitutes a violation of Section 3007(a) of RCRA and may result in enforcement action and the imposition of civil penalties of up to \$25,000 per day, and/or criminal fines of up to \$50,000 per day and/or up to two years imprisonment, for each day of violation. (See 42 U.S.C. Sections 6928(c), (d), and (g)).

You are entitled to assert a claim of business confidentiality, covering any part of the information, in a manner described in 40 C.F.R. Section 2.203(b). Information subject to a claim of business confidentiality will be made available to the public only in accordance with 40 C.F.R. Part 2, Subpart B. Unless a claim is asserted and substantiated at the time the requested information is submitted, EPA may make this information available to the public without further notice to you.

This collection of information requested is not subject to review by the Office of Management and Budget pursuant to the Paperwork Reduction Act, 44 U.S.C. Sections 3501-3520.

Please send the requested information to:

U.S. Environmental Protection Agency Region III 841 Chestnut Building Philadelphia, PA 19107 Attn: Sheila Briggs (3HW62) If you have any questions concerning this matter, please contact Ms. Sheila Briggs at (215) 597-0130.

Sincerely,

Robert E. Greaves, Chief RCRA Enforcement/UST Branch

MAR 19



596

| Type of Inspection/Observations: | PCRAS | Frien. | (15) | _ Date | 11/11/18 |
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596

| Type of Inspection/Observations: ACRA (LOLLO - 11b) Date 89/06/26 |
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| Facility Name: A-1 Plating Company, Inc. |
| Remarks: 3/1 S. S. Hown Street |
| Battimer MD 2/224 |
| (301)327 - 5552 |
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| F.P.A. T.D. # MDD003101847 |
| Contact: - Mr Gary Reynolds |
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| "Envirte Corb. at York in PA" |
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| Maryland Hauter permit number - Section #15 |
| was made by the hauter. The hauter |
| permit # written on manifest as 89A-1426 instead |
| of HWH047. A letter in order to netify |
| this discrepancy was written by Delantere |
| Container (b., Inc" to DHMH-May band-Hagar- |
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STATE OF MARYLAND **DEPARTMENT OF THE ENVIRONMENT** HAZARDOUS AND SOLID WASTE MANAGEMENT ADMINISTRATION **ENFORCEMENT PROGRAM**

SQG

201 W. PRESTON-STREET 2500 Error in a Hung 61, 20 (ac)
-BALTIMORE, MARYLAND-21201 Coupda (k, JMD 2)224
(301)-225-5700 (301) 631-3400

SITE COMPLAINT

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| Oil Control (I | Environment Article, Sections 4-401 through 4-418 |) | | |
| Controlled H | azardous Substances (Environment Article, Sections | 7-201 through 7-268) |) | |
| Landfills and | I Sludge Disposal (Environment Article, Section 9-21 | 0) | | |
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| | • | Phone: | | |



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State of Maryland

FI-89-12-11-86-0041 Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: RCRA (ft/110-11b) Date 9/13/04 |
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| Facility Name: 1-1 Plating (1) David Tro. |
| Remarks: |
| 130 thinge, MD 21224 |
| (301) 327 - 5552 |
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| -Contact: Mr Ed. Woodertion (General Many |
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| MDE 111 REV. 1/11/88 |

State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: RCPA (17/16/17-17-17-1) Date 3/1/3/04- |
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| Observer: 101011 K. 1071 Person Interviewed: Lot Weatherster |
| MDE 111 REV. 1/11/88 |
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State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observa | ations: RCP | 4 (1) | 1/011:-1 | (b) | Date <u>4/23/</u> |
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(L-84-02-16-180-0041



State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA (| Lollow- | Mb) | Date 89/03/16 | <i>?</i> Э |
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| Facility Name: | A-10 | Plating | Co. In | C | _ |
| Remarks: | 3/1 5 | . Haven | , street | | _ |
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EXHIBIT IV-1

GENERAL SITE INSPECTION INFORMATION FORM

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| C. | City | D. State | | 21224 E. Zip Code | F. Co | unty Name |
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| <u>-</u> | Site Operator In | formation | | | · · · · · · · · · · · · · · · · · · · | |
| ч. | A-1 Platic | o Combanu | Trac | 6 | (301)327 | -5552 |
| | 1. Name | g Company st. 4. Ba | ,2/0/ | 2. | Telepho | one Number |
| | 3115. Haver | ist By | ittimore | MD | , | 2]224 |
| | 3. Street | 4. Ci | Lty | o. State | ٥. | Zip Code |
| H. | Site Description | | | | | |
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| K. | Regulatory Statu | ıs | | | | |
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| | PUBLIC HEALTS | HIGINOER | 4. | (301)631-34 Telephone No. | (area cod | e and No.) |
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| М. | Inspection Part: | icipants | | | | |
| | I. MR. ED WE | ATHERSTEIN | 6. | | | |
| | 2. MR GARY | REYNOLDS | 7. | | | |
| | 3. MR. JOHN | REISINGER | 8. | | | |
| · | 4. | | 9. | | | |
| | 5. | | 10. | | | |

EXHIBIT 2-3. PRE-INSPECTION WORKSHEET

| Date Completed | Description of Activity |
|----------------------------------|---|
| 89/03/14 | Complete and verify the general information section of the inspection report |
| | Identify and obtain all relevant information: |
| 8903113 8903114 8903103 | Manifest history Notification form Part A permit application Previous inspection reports Correspondence Part B permit application (if available) Annual reports Other |
| | Assemble inspection package: |
| 89/03/14 89/03/14 89/03/03 | Notification form Part A permit application Previous inspection reports Waste generation and characterization information Information from air and water pollution control agencies or offices Inspection checklists Copies of State statutes and regulations or Federal laws and regulations Safety equipment Camera and film Agency identification card Sampling equipment (if necessary) Other |
| | Scheduling the investigation: |
| | Letters of intent to visit/inspect Establish date(s) of the inspection Follow-up telephone call to confirm date(s) of the inspection and request additional information be made available upon inspection Complete inspection plan |
| | Other |



State of Maryland Department of the Environment Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/ | Observations: RCRH | Date <u>\$9_7027/3</u> |
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| Facility Name: | A-1 Plating Probany, I | nc. |
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| | 4-1/ | |
| Observer: | Person Interviewed: | |

On 86/02/26, RCRA follow-up was conducted by "Art O'Connell".

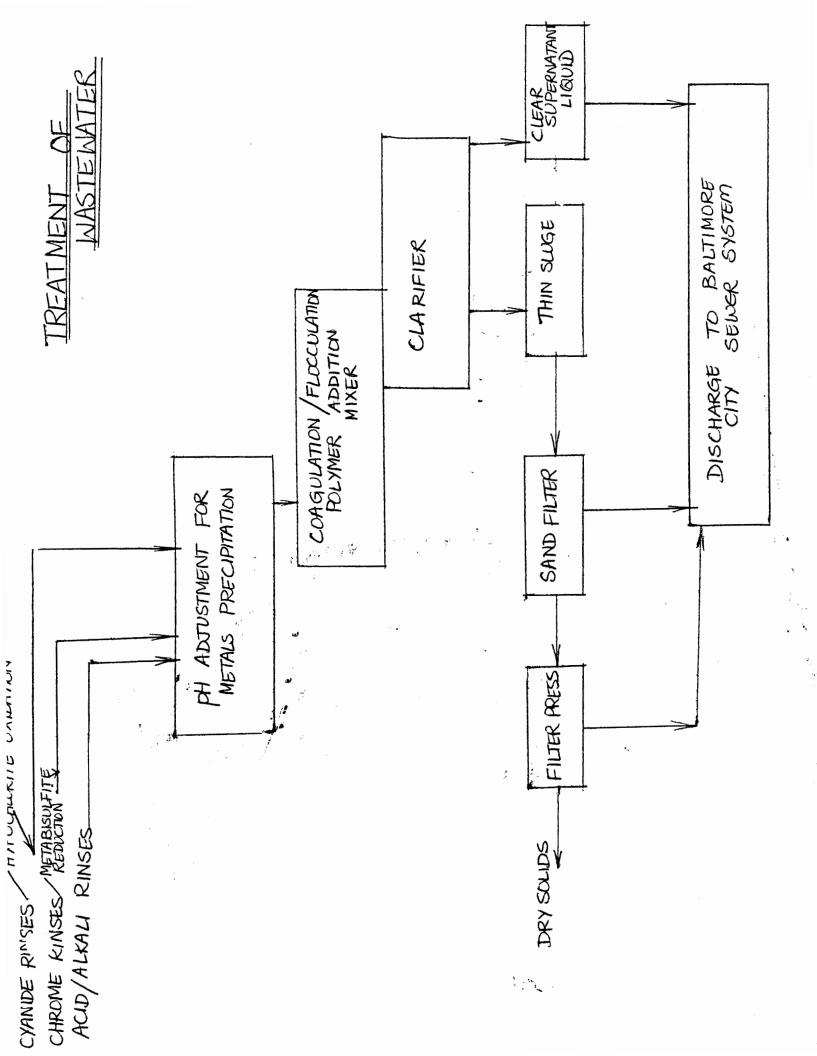
Problem: - Both the contractor and the generator had problem in finding a facility to accept the waste which has been in storage for almost 90 days. almost 90 days.

86/03/07, A copy of "Contingency Plan and Emergency Procedures" sent to State office.

87/12/04, Memo from Mersylin Zaw- Mon to Chuck Lewis regarding: - Transportation of hazardous waste from Prince George Lilverpla-ting to A-1 Plating.

Annual reports for 1986 submitted with the hazar-dous waste division. 1987 annual report not submitted.

A-1 Plating has wastewater discharge fermit. The permit number is 4-00745, The pre-treated effluent goes into Baltimore City sanitary sewer.





State of Maryland Department of Health and Mental Hygiene Office of Environmental Programs 201 W. Preston St., Balto. MD 21201

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DHS Inspection Form Generators/TSD Facilities

| TIN | 1E | |
|-----|----|----|
| 019 | 1 | 10 |

| EPA ID Number | TELEPHONE |
|--|--|
| MDD003101847 | 3011-327-51552 |
| Owner/Operator John Males 111 | Facility Name A-I Parting Conform |
| Address 3/1 3. Harris 150 T., 150 T. | 71-170 / 1D zip 3334 |
| Description of Work Activity Altri Final | 2 (15 |
| I. Generators | Does facility generate DHS?Yes,No. |
| (A. Description (10.51.03.0103) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? | Does facility have waste analysis plan?Yes,No. If yes, are the procedures of that plan being followed?Yes,No. |
| Yes, No. 2) Has the facility obtained an EPA identification number? | Can facility personnel identify DHS being handled? ——Yes, ——No. |
| Yes,No. 3) Describe the amount of waste generated. (day, week or month) | 5) Can facility personnel confirm that DHS received equal those on manifest for a?Yes,No. |
| 4) Under which category is the waste(s)? | Is there a 24-Hour surveillance system to monitor active portion of facility?No. |
| IgnitableReactiveCorrosive | If No, is there an artificial or natural boundary?Yes, |
| EP Toxic RCRA Listed | No. Is there a means to control entry?Yes,No. Is there a restricted access sign posted? |
| (B.) Manifest (10.51.03.04) 1) Is Maryland manifest system in operation for off-site shipment?Yes,No. | Yes,No. 7) Does facility have:emergency equipment inspection |
| ment? | log,written schedule for inspections,securitydevices, operating & structural prevention equipment? |
| 3) Is afternate facility identified?YesNo. | (8) Have facility personnel completed classroom/on-site training?No. |
| 4) Is generator identified by Name, Address, Telephone Number, MD/EPA ID Number? | Are records maintained of:Job titles/names of employeesjob descriptions,Type/amount of |
| 5) Is each transporter identified byName,EPA ID Number,Maryland Certification Number? | continuing training? 9) Are general requirements for Ignitable, Reactive or Incom- |
| 6) Is waste property described? Yes, No. 7) Is shipment date marked? Yes, No. | patible Wastes as required in 10.51.05.02 H addressed? |
| 8) Is quantity of waste described byUnit of Weight,Volume? | |
| 9) Are containers to be loaded identified byType,Number? | (B.) Preparedness and Prevention (10.51.05.03) 1) Facility has the following equipment?Internal com- |
| 10) is preper certification noted and signed by generator? Yes,No. | munication/alarm system for on-site personnel, device for summoning emergency assistance, adequate |
| Are adequate copies available for operator, transporter and | fire control equipment, water, & suppression chemicals, |
| TSD?Yes,No. (C.)Pre-Transport Requirements (10.51.03.05) | Does facility have adequate area for emergency movement? Yes,No. |
| 1) Is each container marked with date accumulation began? | |
| Yes, No. If yes, has any waste been stored over 90 days? Yes, No. How much | (C. Contingency Plan and Emergency Procedures (10.51.05.04) 1) Does facility have an approved contingency plan for: |
| 2) Are containers in good condition? Yes, No./ | The Personnel to implement emergency procedures to minimum fire, explosions, and unplanned releases to air, soil and |
| If no, explain | water? Responding emergency units to provide assistance |
| 3) Are containers properly labeled?Yes,No. | during emergency situations? |
| 4) Does generator have approved emergency contingency plan?Yes,No. | A list of emergency equipment needed to cope with situation? |
| D. Recordkeeping and Reporting (10.51.03.06) Does the generator have: copies of all signed manifests | Are emergency response coordinators listed by name, address, & phone number?Yes,No. |
| from the previous three years? Yes. No: (50%C) | R 11 1 NO. |
| copies of each Annual Report and Exception Report? | Are emergency coordinators available on twenty-four hour basis?No. |
| 2) Does the generator retain, for a period of three years, all wastes analyses?Yes,No. | \\Q. Manifest System, Recordkeeping, and Reporting (10.51.05.05) |
| 3) Has the generator filed Exception Reports as required by 10.51.03.06 C?Yes,No. | Facility has a written operating record which contains the following information: |
| II. Treatment, Storage, Disposal (TSD) A. Site characterization (10.51.05.02) | 1)description & quantity of DHS received. 2)method & date of DHS treatment, storage, or disposal. |
| N (1) Facility Type | Jocation & quantity at each DHS location in facility. |
| Thermal Treatment Biological Treatment Recycling/Recovery Land Treatment | detailed records & results of waste analysis & treat- ability tests performed. |
| Waste OilIncineration | detailed operating summary reports. |
| Chemical TreatmentLandfill OperationPhysical TreatmentBelow Ground Tanks | description of emergency incidents that required implementation of contingency plan. |
| Open Pile Other | records & results of inspections of emergency equip- |
| Surface Impoundment Drums | ment. TSD systems & hazardous waste areas. 8) Has facility retained, for at least 3 years, copies of all mani- |
| Above Ground Tank(s) | fests? Yes. No. |

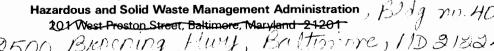
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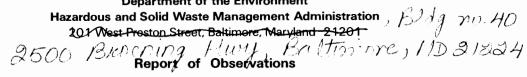
| · | E. (| Groundwater Monitoring (10.51.05.06) Has facility implemented a groundwater monitoring program?Yes,No,N/A. | b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react?Yes,No. |
|---------|--------------|---|---|
| | , | Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan?Yes,No. Is this plan set up in accordance with 10.51.05.06 C? | c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in com- pliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained |
| | | Yes,No. Has groundwater quality assessment program been pre- | in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"?Yes,No. |
| | - | pared?Yes,No. Are proper groundwater sampling and analyses records | 1) Is two feet of freeboard maintained in the surface impound- |
| | 6) | kept?Yes,No. Are the necessary reports on groundwater monitoring information being forwarded to the Secretary?Yes, | ment?Yes,No. |
| | 7) | No. Do the reports match the facility records?Yes,No. | Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? Are weet a managed and or written down months in |
| | | Closure, Post-closure, and Financial Requirement 51.05.07 & .08) | Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treat- |
| 1 | 1) | Does the facility have an approved closure plan that meets the financial requirements?Yes,No. | ment?Yes,No. 4) Is the freeboard level inspected daily?Yes,No. |
| | 2) | For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements?Yes,No. | 5) Is the surface impoundment, including dikes and vegeta- tion, inspected weekly to detect leaks, deterioration, or fail- ures in the impoundment?Yes,No. |
| | 3) | Does facility maintain liability insurance?Yes,No. | 6) Are the results of these inspections recorded in an inspection log or summary?Yes,No. 7) Are ignitable or reactive wastes stored in a surface im- |
| vî G | G. | Container Management (10.51.05.09) Are all containers: (a) | poundment?Yes,No. If yes: a) Is the waste treated, rendered, or mixed before or im- |
| *** | . · (1) | of leakage, corrosion, or any other deterioration/deformation; (b) lined or made of compatible material such that hazardous wastes placed into them will not result in | mediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive |
| | 2) | reaction or corrosion; (c)sealed during storage. Are storage areas for hazardous waste containers inspected | waste under Parts 261.21 or 261.23 of the RCRA Regulations?Yes,No. |
| | 3) | by owner/operator at least once a week? Yes, No. Is an inspection log maintained? Yes, | b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided?Yes,No. |
| | | Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? | ્રેયી Waste Pile (10.51.05.12) |
| | 5) | No. Are mcompatible wastes placed in separate containers? Yes,No. |) Is wind dispersal of the pile controlled?Yes,No,Not Needed. |
| | 6) | Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, | 2) Are additions to the pile being analyzed prior to adding them to the pile?Yes,No. 3) Is hazardous waste leachate or runoff collected?Yes,No. Is the pile protected from precipitation and run- |
| ì. | н. | berms, walls, or other devices?Yes,No. Tanks (10.51.05.10) | on?Yes,No. 4) Are ignitible or reactive wastes protected from materials or |
| 1 | \ 1) | Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration:Yes,No. | conditions that might cause it to ignite or react?Yes,No,N/A. 5) Are incompatible wastes hauled in a manner as to assure |
| 1 | 2) | Are uncovered tanks operated to ensure a minimum of two feet of freeboard?Yes,No. If not, is tank equipped with a containment structure (e.g., | separation?Yes,No,N/A. |
| | | dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank?Yes, | K. Land Treatment (10.51.05.13) |
| | 3) | No. Are tanks with continuous inflow of hazardous waste equipped | hazardous or non-hazardous?Yes,No. 2) Is run-on diverted away from the active portion of the facility?Yes,No. Is run-off from the active portion |
| | · | with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)?Yes,No. | of the facility collected?Yes,No. 3) Has the proper waste analyses been peformed?Yes, |
| | 4) | Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment?Yes, | No. If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been |
| | 5) | No. Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off sys- | provided?Yes,No. 5) Has the owner/operator written and implemented an unsaturated zone monitoring plan?Yes,No. |
| | 6) | tems and drainage systems)?Yes,No. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? | 6) Have the additional requirements for a closure and post-closure plan been addressed?Yes,No. 7) Are ignitable or reactive wastes immediately incorporated |
| | 7) | Is the level of waste in the tank checked at least once each | into the soil?Yes,No. 8) Are incompatible wastes hauled according to 10.51.05.131? |
| | 8) | operating day?Yes,No. Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams?Yes,No. | Yes,No. |
| | 9) | Are the results of these inspections recorded in an inspection log or summary?YesNo. | (L. Landfills (10.51.05.14) (A) Is run-on diverted away from the facility's active portions? |
| | 10) | Are ignitable or reactive wastes stored in tanks?Yes,No. If yes: | Yes,No. 2) Is run-off collected from the landfill's active portions? |
| | | a) Is the waste treated, rendered, or mixed before or im- mediately after placement in the tank so that the result- ing waste, mixture, or dissolution of materials no longer | Yes,No. 3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) |
| | | meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations?Yes,No. | Yes,No. 4) Is the landfill managed so as to control wind dispersal?Yes,No. |
| | | | |

| 6) 7) 8) 9) | Are the following items maintained in the operating record: on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks?contents of each cell and approximate location of each hazardous waste type within the cell? Are bulk, non-containerized or waste containing free liquids placed in the landfill?Yes,No. If yes:is a leachate collection system available to remove leachate?, andis the liquid stabilized or treated physically or chemically prior to disposal? Are empty containers crushed flat or shredded before burial in the landfill?Yes,No. Are containers holding liquid wastes (or waste containing free liquids placed in the landfill?Yes,No. If yes, describe containers on comments below. Are ignitable or reactive wastes placed in a landfill?Yes,No. If yes, No. If yes: is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? Are incompatible wastes segregated in different landfill cells? Incinerator/Thermal Treatment (10.51.05.15 & .16) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following: heating value of the waste; halogen content and sulfur in the waste; halogen content and sulfur in the waste; concentrations of lead and mercury unless documented data is available which show these elements not to be present? Are instruments related to combustion and emission con- | 4) 5) 6) 7) 8) 9) | obtained before placing a substantially different hazardous waste into treatment processes or equipment?Yes,No. Is this information recorded in the facility's operating record?Yes,No. Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)?No. Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? |
|------------------|--|---|--|
| , | trol monitored at least every 15 minutes?Yes, | O. 1) | Does the facility have a DHS permit for its activity? |
| | Is the stack plume observed visually at least hourly for color and opacity?Yes,No,N/A. | | If no, has the facility submitted an application for a DHS |
| 4) | Is the incinerator or thermal process and associated equip- ment inspected daily for leaks, spills and fugitive emis- | 2) | List any special Permit requirements that are not in full |
| 5) | sions?Yes,No. Is all of the above information documented in the facility's | | compliance. |
| | operating record?Yes,No. Chemical, Physical and Biological Treatment (10.51.05.17) | | |
| 1) | Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration?Yes,No. Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device)Yes,No. | | |
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State of Maryland

Department of the Environment





| | ype of Inspection/Observations: | RCRA | | Date 89/02/14 |
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State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA | Date_87_1021_16 |
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State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA | | Date <u>81/02//6</u> |
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| Observer: Harbrett 9 | Person Intervie | ewed: L. C. Weath | tuster gr. |
| MDE 111 REV. 1/11/88 | \mathcal{J}_{-} | | |
| , <i>,</i> | | | |



State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA | |
|----------------------------------|--------------|-------------------------------|
| Facility Name: | lating | · . |
| Remarks: and a | uid (clear). | This slear liquid |
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| | serview. De | d the batter 11 of k (many es |
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| On 02/25/88, Mc | INDO PAB | 4600761, 20cyards of |
| "Wastewater" | treatment | L'udge" (DOOB) was |
| removed by | " Schollare | Container Go Inc." |
| to "The Nears | Jerin Zin | oc Co in PA" |
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| 101 "Maste | lilver Cyan | ide" (DIOY) surfe. |
| removed by | "Enpro, | Inc." to "Chlor Enter- |
| prises in | UD" | |
| On 08/24/88 Ma | ni. 700. PAB | 3625302, C. U2rd A |
| "Flottobloting | Maotowa | ater Dudge (Dook) |
| LIVER TOPHOUSE | d 2/11 " 1)2 | Envare Costainer Control |
|) to "Now Je | KML ZINC | Collection PA |
| Ash | er Mr Wear | therstein no shipment |
| Observer: Harbret A | Person Inter | viewed: L.C. Weatherster J. |
| MDE 111 REV. 1/11/88 | Q_{ij} | |



State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA | Date | <u>89,02,16</u> |
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| Facility Name: | Ptating | | |
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| for east | three wars | Accordi | Ag to |
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| If them | were kurpt | when t | he above |
| company | had fire of | n Nov. 17 | m, 1988. |
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| 9n/ | the leading | dirk ar | Ca The Variety |
| Observer: Harbret K | Person Interviewed: | I.C. Weather | tuil/1. |
| MDE 111 REV. 1/11/88 | 7 | · | |
| REV. 1/11/88 | | | |



State of Maryland Department of the Environment Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | Date |
|--|----------------|
| Facility Name: A-I Plating | |
| Remarks: drivers were fully a. They for | (12)a:- |
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| to the same of the | FOR THE PARTY |
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| Observer: Harris R. VIngh. Person Interviewed: L. C. Wes | Thurstings. |
| MDE 111 REV. 1/11/88 | - |



State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA | | _ Date <u>39/02///</u> |
|--|---------------|-----------------------|--|
| Facility Name; | Plating | | |
| Remarks: The Ann | wal Repo | rt dor 1787 | |
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| Observer: + arprot k | Person I | nterviewed: A.C. 2006 | alfust in off |
| MDE 111 | (| | |

F1-87-02-11-BC-0041

State of Maryland Department of the Environment

Hazardous and Solid Waste Management Administration

201 West Preston Street, Baltimore, Maryland 21201

| Type of Inspection/Observations: | RCRA (10/1010-11b) Date S | 1103116 |
|---------------------------------------|--------------------------------------|--|
| Facility Name: | A-1 Plating Co., Tic. | |
| Remarks: | 311 S. Haveto xtreet | |
| Address of | Battoure, MD 21884 | |
| | (201) 327 -5552 | 1 |
| | | |
| EPA T.D.# 1 | MDD003101847 | . |
| Contact :- 1 | Ur Ed Weatherstein (General | Marager |
| - | | |
| since_ | 2014 last inpection of the | MOUC |
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| Observer: 17 21 17 17 18 18 | Person Interviewed: L.C. Weatherster | |
| ≟111 1.1/11/88 | | |

Inspector: Harbrest K. Singh
Date: 89 02109

. Comments

APPENDIX A-1

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

| tetrachloroethylene | | Yes | No |
|---------------------------|---|-----|-----|
| trichloroethylene | | Yes | No |
| methylene chloride | | Yes | NO |
| 1,1,1-trichloroethane | | Yes | No |
| carbon tetrachloride | | Yes | No |
| chlorinated fluorocarbons | • | Yes | √No |

2. Does the handler generate any of the following FOO2 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

| tetrachloroethylene | Yes | No |
|---------------------------------------|-----|----|
| trichloroethylene | Yes | No |
| methylene chloride | Yes | No |
| 1,1,1-trichloroethane | Yes | No |
| chlorobenzene | Yes | No |
| trichlorofluoromethane | Yes | No |
| 1,1,2-trichloro-1,2,2-trifluoroethane | Yes | No |
| ortho-dichlorobenzene | Yes | No |
| 1,1,2-trichloroethane | Yes | No |

3. Does the handler generate any of the following FOO3 constituents (i.e., spent nonhalogenated sovlents) as as result of being used in the process either inpure form or commercial grade?

| xylene | Yes | √No |
|------------------------|-----|---------------|
| acetone | Yes | No |
| ethyl acetate | Yes | No |
| ethyl ether | Tes | No |
| methyl isobutyl ketone | Tes | No |
| n-butyl alcohol | Yes | 1/ No |
| cyclohexane | Tes | No |
| methanol | Tes | No |
| | | V |

If the F003 vastestream has been mixed with a solid vaste, does the resultant mixture exhibit the ignitability characteristic?

Yes No

Inspector: Harbreet K. Kingh

Comments

| cons | the handler generate tituents (i.e., spen lt of being used in ommercial grade? | t nonhalogenated | solvent | S) as |
|---------------------|--|--|-------------------------|------------|
| | ols and cresylic acidobenzene | i | Yes | √N N |
| cons | the handler generate tituents (i.e., spend lt of being used in commercial grade? | t nonhalogenated | solvent | s) as |
| cart isob | ene yl ethyl ketone on disulfide utanol dine | • | Yes Yes Yes Yes Yes Yes | |
| used solu The | any of the constituer for their "solvent" bilize (dissolve) or following questions to determination. | <pre>properties t mobilize other</pre> | hat is t constitu | o ents? |
| (a) | Chemical carriers? | | Yes | <u>√</u> N |
| If t | he answer is yes, lis | st the constitue | nts. | |
| (b) | Degreasing/cleaning/ | ? | Yes | <u> </u> |
| If t | he answer is yes, lis | st the constitue | nts. | |
| (c) | Diluents? | | Yes | <u>√</u> N |
| If t | he answer is yes, lis | st the constitue | nts. | |
| | | | | |
| | | | | |

ID Number: MDDOD3101847 1
Inspector: Harbreet & Singh
Date: 89/00/09

Comments

| | (d) Extractants? Yes No |
|----|---|
| | If the answer is yes, list the constituents. |
| | (e) Fabric scouring? Yes No |
| | If the answer is yes, list the constituents. |
| | (f) Reaction and synthesis media? Yes No |
| | If the answer is yes, list the constituents. |
| | questions 1-6 led the inspector to believe that the waste be an F-solvent, answer question 7. |
| 7. | Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed. |

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the vastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride 2% trichloroethylene 25% 1,1,1-trichloroethane 68% mineral spirits 100%

or otherwise reprocessed.

If the wastestream is a mixture containing a total of 10% or more by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

Yes

No

Inspector: MADDO031019471 Inspector: flackwest k. Wingh Date: 8902109

Coments

With respect to the FOO3 solvent vastes, if, before use, the vastestream is mixed and contains only FOO3 constituents, it is a listed waste. For example:

33% acetone
16% methanol
51% ethyl ether
100%

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

Inspector: HARPREET K. SINGH Address: 2500 BROENING HWY BALTIMORE, MD SIRRH Telephone No: (30) 631-3400

RCRA LAND DISPOSAL RESTRICTION GENERATOR CHECKLIST

| I. H | ANDLER IDENTI | FICATION | · | | | |
|------------------------|--|---|---|------------------------------|-------------------|-------------------------------|
| Α | -I PLAT | ING COME | PANY, INC | | 311 S. HA | AVEN STREE |
| A. H | andler Name | | | | B. Street (| AVEN STREE or other ident: |
| _B | ALTIMORE | | MD | - | 21224 Zip Code | BALT. CI |
| c. c | ity | | | | • | F. County |
| G N | METAL F | INISHING | ication of Operati | ons: S | TC Code(s) | |
| | | • | • | | 20 0002(3) | |
| H. E | PA ID # | 13101847 | <u> </u> | | | |
| Μ | IR. ED | MEATHERS | STEIN JR. (| GENE | RAL MANAG | (301)3 |
| I. H | andler Contac | t (Name and P | hone Number) | 76110 | 177011 | |
| | | | | • | | _ |
| II. | GENERATOR COM | PLIANCE | | | | Comments |
| A. | Waste Identif | ication | | | | |
| | 1. F-Solvent | : s | | | | |
| | a. Does | the handler g | generate the follow | ing va | stes? | |
| | (i) | F001, F002, | F004, or F005 | Yes | <u>√</u> No | |
| | (ii) | F003 | | Yes | No | |
| | ignitabil solid or | ity) has been hasardous was | a (listed solely for mixed with a non- ste, does the resul- mitability charact | -restri Ltant | .c? | • |
| | 2 | | ve: Form 8700-12 Biennial/Annual F | | | |
| ment ating by th | official in d F-solvent value facility pr | ietermining vi ustes, if such reviously. Ii | st the inspector are bether the facility h vastes were not if f you are concerned ssified or mislabel | y is go identii i that | mer- Eled | |

Appendix A-1. To assist in identifying potentially

| Handler N | Inne: A-1 DINTING |
|-----------|-------------------|
| ID Number | |
| Inspector | HARPREET K. SINGH |
| | Comments |
| t of | |

| | nd F-solvents, Appendix A-2 presents a list of mg P and W vestes. Note concerns below: | |
|--------------|--|------------------------|
| | | |
| 2. Die | oxin vastes | |
| a. | Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.) | |
| [F-solvent B | (i) F020 - F023, F026 - F027 Yes No (ii) F028 Yes No BDAT standards are presented as Appendix B] | |
| 3. Cal | lifornia Waste Identification | ٤٠. |
| a. | Does the facility handle any of the following for electropicating waster vastes? (i) DO02 (ii) D004 - D011 Tes No facts, The hazardous world by the research was properly the research of t | wati itti n nani |
| | (i) DOO2 (ii) DOO4 - DO11 Yes No facts, The hazardous wo looks thould be FOO6 in | oute hcti |
| b. | Does the generator handle any hazardous vastes characterized by high concentrations of halo-genated organic constituents (HOCs), metals, or cyanides? Yes No | ater |
| [California | vaste standards are presented as Appendix C) | |
| c. | Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. YesNo | |
| d. | Has the generator conducted the paint filter test (Method 9095) [\$268.32(i)]? Yes / No* | |
| •. | Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? Yes | |
| | If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste? YesNo | |

 $\stackrel{ extbf{-}}{-}$ A potential violation is indicated

| Handler Nam ID Number: Inspector: Cate: 89 | MDD OO | PLATING 3101847 ET K. SING | - B |
|--|---------------------------------------|----------------------------------|--------|
| | , , , , , , , , , , , , , , , , , , , | Comments | _ |

| | | If "no" is answered to both parts of this question, & violation is indicated. [\$268.7(a)] |
|----|-----------|--|
| | | Describe the nature of the records: |
| | f. | Source of the abore: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Report ; other (specify) in produce. |
| 4. | Firs | st Third Waste Identification |
| | | Does the generator handle any of the wastes listed as First Third Wastes in \$268.10? See Appendix E for listing. List First Third Wastes handled by the generator here: |
| | b. | Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes: |
| | c. | Are any of the soft-hammered vastes California vastes (see Appendix G)? YesNo N |
| | | If yes, the wastes must meet BDAT standards prior to disposal. |
| | d. | Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [\$268.8(a)(2)]?YesNo* \rightarrow A |
| | €. | Source of the above: Form 8700-12; Part A ; Part B; Biennial/Annual Report; other (specify) |
| | | estability Group - Treatment Standards |
| 1. | dif | s the generator mix restricted vastes with ferent treatment standards for constituents of cern? YesNo |
| 2. | tre | yes, did the generator select the most stringent atment standard for the constituent of concern 58.41(b)]? Yes No* |

В.

^{*/} A potential violation is indicated

| • | | Date: | _ X |
|----|------------|---|-------|
| 3. | P S | colvents | |
| | a. | Did the generator correctly determine the appropriate treatability group [\$268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)? | |
| 4. | Cal | ifornia Vastes | |
| | a. | Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]? YesNos | |
| 5. | Fir | st Third Vastes | |
| | a . | Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]? | , p/A |
| | ъ. | Does the facility handle KO61 wastes?YesNo | |
| | | If yes, were nonvastewaters appropriately classified in either the high or low zinc subcategories (215% Zn) [\$268.7(a)] [\$268.41(a)]? | • |
| | c. | Does the facility handle K101 or K102 wastes?Yes/_No | |
| | | If yes, were nonvastevaters appropriately classified in either the high or low arsenic subcategories [\$268.7(a)] [\$268.41(a)]? | • |
| | d. | Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)? Yes No | |

Handler Name: HARPE ID Number: MDDCO Inspector: HARPE

Comments

 $[\]stackrel{\hbox{\scriptsize .}}{-}{}'$ A potential violation is indicated

| | | · · | | Handler Name: A- PLATING ID Number: MDD003101847 Inspector: HARPREET K. SINGH Date: 8910217 |
|-----------------|------------|----------------|---|--|
| C. Was | te A | nalysi | | Comments |
| \(\square\).1. | Did | the g | enerator determine whether the was reatment standards based on \$268.7 | ste 7(a): |
| | a . | Knowl | edge of wastesYes | s No Generator is not award |
| | | (i) | List vastes for which "applied knows used: Electroplating trasterate treament is ludge. | |
| | ъ. | TCLP | Yes | sNo |
| | | (i) | List wastes for which "TCLP" was to | used: |
| | | (ii) | Appendix D lists wastes for which ment standards are expressed as contrations in waste extract. Were a wastes handled by the generator sto waste extract standards not tenusing the TCLP? Yes | concen- any subject ested |
| | | | If yes, list: | |
| | c. | Total | vaste analysis Yes | S No [A-1 Plating had five on |
| | d. | | les vere retained, describe conten of applied knowledge determination | |
| | | analy of te | termined by TCLP or total constitues, provide date of last test, freting, and attach test results. | requency |
| | | Note | which wastes were subjected to whi | |
| | | varia | any problems (e.g., inadequate ana tion of waste composition/generati ed knowledge) | nalysis, |

| E. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [\$264.13(a)(3)(1) or \$265.13(a)(3)(1)]? 2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [\$268.7(a)(1)]? List those that exceeded standards: List those that did not exceed standards: List those that did not exceed standards: List those that did not exceed standards: List those that observation of the treatment residual so as to substitute for adequate treatment [\$268.3] Management 1. Onsite management a. Were restricted wastes managed onsite? Yes No If no, go to "2". b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? If yes, TSDF checklist must be completed. 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not made after of the provide treatment standard? (i) EFA Exardous Waste Number? Yes No* (ii) Corresponding treatment standard? Yes No* (iv) Waste analysis, if available? Yes No* | `, | | Inspector: WARPREET K. SINGH Date: 890217 |
|---|-----|------------|---|
| 2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [\$268.7(a)(1)]? Not France decayed waste arrayed was not at List those that did not exceed standards: Did the generator dilute the yaste or the treatment residual so as to substitute for adequate treatment [\$268.3] No Management 1. Onsite management a. Were restricted wastes managed onsite? YesNo If no, go to "2". b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? If yes, TSDF checklist must be completed. 2. Offsite Hanagement a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not made after of the conducted of the | • | •. | Vere wastes tested using TCLP or total constituent analysis when a process or wastestream changed [\$264.13(a)(3)(i) or \$265.13(a)(3)(i))? |
| 3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [\$268.3] | 2. | abi [§2 | the restricted vastes exceed applicable treat- lity group treatment standards upon generation 68.7(a)(1)]? (Not known Acranic Waste analysis was not away |
| residual so as to substitute for adequate treatment [\$268.3] | | Lis | t those that did not exceed standards: |
| 1. Onsite management a. Were restricted vastes managed onsite? Yes No If no, go to "2". b. For vastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? Yes No If yes, TSDF checklist must be completed. 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not made after 00 (ii) EPA Masardous Vaste Number? Yes No* (iii) Manifest number? Yes No* (iv) Waste analysis, if available? | 3. | res | idual so as to substitute for adequate treatment |
| a. Were restricted vastes managed onsite? YesNo If no, go to "2". b. For vastes that exceed treatment standards, vas treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? YesNo If yes, TSDF checklist must be completed. 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not model after 00 (i) EPA Eaxardous Vaste Number?YesNo* (ii) Corresponding treatment standard? YesNo* (iii) Manifest number?YesNo* (iv) Waste analysis, if available? | Man | agem | ent |
| | 1. | 0ns | ite management |
| b. For vastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? YesNo If yes, TSDF checklist must be completed. 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not model after of the conduction of the con | | ٠. | Were restricted vastes managed onsite?YesNo |
| treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? YesNo If yes, TSDF checklist must be completed. 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]: was not made after 0. (i) EPA Hazardous Waste Number?YesNo* (ii) Corresponding treatment standard? YesNo* (iii) Manifest number?YesNo* (iv) Waste analysis, if available? | | | If no, go to "2". |
| 2. Offsite Management a. If restricted wastes exceed treatment standards, did generator provide treatment facility No. Shipment of Foot A notification with each shipment? [268.7(a)(1)]: was not model after of the continuous vaste Number?YesNo* (ii) Corresponding treatment standard?YesNo* (iii) Manifest number?YesNo* (iv) Waste analysis, if available? | | b. | treatment in regulated units, storage for greater than 90 days, and/or disposal |
| a. If restricted wastes exceed treatment stand- ards, did generator provide treatment facility No. Shipment of Food A notification with each shipment? [268.7(a)(1)]: was not made after of (i) EPA Hazardous Vaste Number?YesNo+ (ii) Corresponding treatment standard?YesNo+ (iii) Hanifest number?YesNo+ (iv) Vaste analysis, if available? | | | If yes, TSDF checklist must be completed. |
| ards, did generator provide treatment facility No. Shipment of F006 A notification with each shipment? [268.7(a)(1)]: was not made after of (i) EPA Hazardous Waste Number?YesNo* (ii) Corresponding treatment standard?YesNo* (iii) Hanifest number?YesNo* (iv) Waste analysis, if available? | 2. | Off | site Management |
| (i) EPA Hazardous Vaste Number?YesNo* (ii) Corresponding treatment standard?YesNo* (iii) Hanifest number?YesNo* (iv) Waste analysis, if available? | | a. | If restricted vastes exceed treatment stand- ards, did generator provide treatment facility No. Shipment of Foot was notification with each shipment? [268.7(a)(1)]: was not made after 08/08 |
| YesNo* (iii) Hanifest number?YesNo* (iv) Waste analysis, if available? | | | · |
| (iv) Waste analysis, if available? | | | |
| | | | (iii) Hanifest number?YesNo* |
| | | | |

D.

^{-/} A potential violation is indicated

| Handler Nam | | A-1 F | LATING |
|-------------|-------|-------|----------|
| ID Number: | MDD | 10031 | 71847 |
| Inspector: | HAR | PREET | K. SINGH |
| Date: | 89/02 | 17. | |
| | 1 | 1 | |

Comments

| (ii) Corresponding treatment standard? Yes Note (iii) Manifest number Yes Note (iii) Certification regarding vaste and that it meets treatment standards? Yes Note Identify land disposal facilities receiving the BDAT certified vastes c. If the generator's waste is subject to a \$268.5 case by case exemption, a \$268.6 "no migration' exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [\$268.7(a)(3)]: NA (i) EPA Hazardous Waste Number? Yes Note (ii) Corresponding Treatment Standards? Yes Note (iii) All applicable prohibitions? Yes Note (iv) The manifest number? Yes Note (v) The date the wastes are subject to prohibitions? Yes Note (vi) Does generator keep records of all notifications/certifications send to | b. | standa facil: | stricted vastes do not excards, did generator providity with a notice and certding: | e the dis | posal |
|--|----|------------------|--|--|-------------------|
| (iii) Manifest number | | (i) | EPA hazardous waste I.D. | | No* |
| (iii) Certification regarding waste and that it meets treatment standards? Yes Not Modern Mod | | (ii) | Corresponding treatment s | | No* |
| Identify land disposal facilities receiving the BDAT certified wastes c. If the generator's waste is subject to a \$268.5 case by case exemption, a \$268.6 "no migration' exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [\$268.7(a)(3)]: NA (i) EPA Hazardous Waste Number? | | (iii) | Manifest number | Yes | No* |
| c. If the generator's waste is subject to a \$268.5 case by case exemption, a \$268.6 "no migration' exemption, or a nationvide variance (see Appendix E for restricted vastes subject to nationvide variances), does the generator's records indicate that he or she submits with each vaste shipment [\$268.7(a)(3)]: NA (i) EPA Hazardous Waste Number? YesNot (ii) Corresponding Treatment Standards? YesNot (iii) All applicable prohibitions? YesNot (iv) The manifest number? YesNot (iv) The date the wastes are subject to prohibitions? YesNot (vi) Does generator keep records of all notifications/certifications send to | | (iii) | | | |
| case by case exemption, a \$268.6 "no migration' exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [\$268.7(a)(3)]: NA (i) EPA Hazardous Waste Number? | | | | eceiving | the |
| | | Append nation | tion, or a nationwide vari dix E for restricted waste nwide variances), does the ds indicate that he or she | ance (see s subject generato submits; | to r's with |
| YesNot (iii) All applicable prohibitions? YesNot (iv) The manifest number?YesNot (v) The date the wastes are subject to prohibitions?YesNot (vi) Does generator keep records of all notifications/certifications send to | | (i) | EPA Hazardous Vaste Numbe | | No* |
| (iv) The manifest number?YesNot (v) The date the wastes are subject to prohibitions?YesNot (vi) Does generator keep records of all notifications/certifications send to | | (ii) | Corresponding Treatment S | | No* |
| (v) The date the wastes are subject to prohibitions? Yes Note to prohibitions? (vi) Does generator keep records of all notifications/certifications send to | | (iii) | All applicable prohibition | | No* |
| (vi) Does generator keep records of all notifications/certifications send to | | (iv) | The manifest number? | Yes | No* |
| notifications/certifications send to | | (v) | | | No* |
| | | (vi) | Does generator keep recornotifications/certificatioffsite facilities? | ds of all ons send Yes | to No * |

| ₹ | | | Handler Nam ID Number: Inspector: Date: | MDDOD HARPRI 10217 | |
|----------|---|------------------------|---|--------------------------|----------|
| | all prohibited wastes for whot provided per above [§268. | | rds N/A | | Comments |
| | ify TSDFs receiving any prob ct to any exemptions and var | | astes NA | | |
| does t | ndler generates a "soft hams the generator send with each shipment to a TSDF and reta ice that includes [268.7(a)) | n "soft h sin copie | ammer" | | |
| The El | PA Hazardous Vaste Number? | Yes | No* | | |
| Applic | cable prohibitions? | Yes | No* | | • |
| The ma | anifest number? | Yes | No* | | |
| Vaste | analysis data, where availa | able? Yes | No | | |
| (i) | Do the generator's records any soft-hammer wastes are disposed in a landfill or s | destined | | | |

(ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [\$268.7(a)(2)]? Yes

waste of concern [\$268.8(a)(2)]

impoundment [\$268.33(f)]? ___Yes \(\sqrt{No} \)

If yes, list facility of destination and

d. If handler generates a "soft hammer"

> No shipment of pagardous waste Twas made 88 11 17

(iii) Has the generator retained a copy of the demonstration on site [\$268.8(a)(3)-Yes (a)(4)?

Has the generator retained copies of all §268.8 certifications sent to the TSDF No* [\$268.7(a)(6)]Yes

| Handle | r Na | me: | _P | 1-1 | PLA | TIND | 9 |
|--------|------|--------|-------------|----------|------|------|-------|
| ID Num | ber: | \sim | \square D | OD^{2} | 5101 | 247 | |
| Inspec | tor: | 1 | AR | PRE | ET | _K. | SINGH |
| Date: | 891 | usj | 汗 | | | | |
| | ι | 1 | | | | | |

Comments

| (v) | Did-the generator submit to tion to the receiving faci | | |
|-----|---|-----|-----|
| | intial shipment of the was | | |
| | $[\S268.8(a)(3)-(a)(4)]$? | Yes | No* |

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]?

___Yes ___No

E. Storage of Prohibited Waste

Were prohibited wastes stored for greater than 90 days?

Yes ___No

If yes, TSDF Checklist must be completed.

- F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)
 - 1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? Yes No

If yes, list type of treatment unit and processes

lingtimatic Treatment unit

If yes, TSDF checklist must be completed.

RCRA LAND DISPOSAL RESTRICTION NOTIFICATION

| Generator Name: A-/ PLATIN | 16 CO. INC | EPA ID Number: MDD 00 3 10 1847 |
|-----------------------------|------------|---------------------------------|
| Manifest Number: PAD 4599 | 442 | Date of Shipment: 3/7/89 |
| EPA Hazardous Waste Number: | | |
| | | |

This notification is hereby submitted to Envirite Corporation in compliance with EPA regulations described in 40 CFR Part 268 which prohibit the land disposal of certain hazardous wastes, unless those wastes are treated to meet specified standards.

CHECK THE APPROPRIATE BLANK

| I am th | | | | | | | | | | |
|---------|-------|------|--------|---------|-------|--------|--------|--------|----|---------|
| | | | | | | | | | | treated |
| in orde | er to | meet | the a | ppropr | riate | treatm | nent s | tandar | ds | set |
| forth : | in 40 | CFR | 268, 5 | Subpart | D. | | | • . | | |

| The waste identified above has been treated in compliance |
|---|
| with the applicable performance standards specified in 40 |
| CFR 268 Subpart D and/or the applicable prohibitions set |
| forth in 40 CFR 268.32. "I certify under penalty of law |
| that I personally have examined and am familiar with the |
| waste through analysis and testing or through knowledge of |
| the waste to support this certification that the waste |
| complies with the treatment standards specified in 40 CFR |
| Part 268 Subpart D. I believe that the information I |
| submitted is true, accurate and complete. I am aware that |
| there are significant penalties for submitting a false |
| certification, including the possibility of fine and |
| imprisonment." |

| The | waste | identi | Lfie | ed al | ove i | s si | ub: | ject | to a | case-by- | case | |
|-----------|--------|--------|------|-------|-------|------|-----|------|------|------------|-------|----|
| .exte | ension | under | 40 | CFR | 268.5 | or | a | nati | onal | . variance | under | 40 |
| CFR | Subpar | ct C. | | | | | | | | | | |

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

Signature L.C. Weatherstein Je Title Sineral Manager

ENVIRITE CORP. 1500 PENNSYLVANTA AVE YORK CITY INDUSTRIAL PARK YORK, PAL 17404 EHOME 717 845 1900

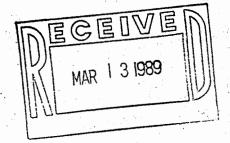
DOTE : TIME 00707/09 10:06

ORGES METCHT M 81060 LDS

TARE HOISHT 51120 LBS

MET WEIGHT 29940 LBS

TRUCK ID 9 270327





PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES Bureau of Waste Management P. O. Box 2063 Harrisburg, PA 17120

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)
Form Approved. OMB No. 2050-0039 Expires 9-30-88

| ER-SWM-51:REV. 10/86 Form Approved. OMB No. 2050-0039 Expires 9-30-88 | | | | | |
|--|---|--|--|--|--|
| WASTE MANIFEST D . D . D . O . O . | r's US EPA ID No. 7. 2. Manifest 2. Page 1 Information in the shaded areas is not required by Federal law but is required by State law. | | | | |
| Generator's Name and Mailing Address A. 1 PLATI | A. State Manifest Document Number PAR 4599442 | | | | |
| 211 5 HAV | and the state down to | | | | |
| 4. Generator's Phone (30/) 3175552 5. Transporter 1 Company Name | G US EDA ID Number C State Trans ID HW H- 04 7-89 A | | | | |
| DELAWARE CONTAINER CO. INC. | , P.A.D.O.6.4.3.7.54.7.0 PA-AH 0.0.3.2 1430 | | | | |
| 7. Transporter 2 Company Name DELAWARE CONTAINER CO. INC | 8. P. D. O. G. A. J. 3. 7. 5. 47. 0 D. Transporter's Phone (3/51 3 93 - 6/00) | | | | |
| 9. Designated Facility Name and Site Address | 10. US EPA ID Number PA-AH | | | | |
| ENVIRITE CORP. 1600 PENINSYLVANIA AUE. | F. Transporter's Phone () | | | | |
| 1600 PENNISYLVANIA NOE! | P.A.D.C. 1.0.1.5.4.0.4.5 H. Facility's Phone (717) 81/6-1900 | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard | 12. Containers 13. 14. 1. | | | | |
| | DEE (EROM) | | | | |
| ELECTRO PLATING HAZARDOUS WASTE SOLID NOS | S ORM-E NA9189 1 CT, 00.025 Y FOOL 1 | | | | |
| G b. | | | | | |
| N E | | | | | |
| R G. | | | | | |
| R d. AMERICAN W. AMERICAN AND AMERICAN | | | | | |
| Company of the property of the second | | | | | |
| J. Additional Descriptions for Materials Listed Above (include physical State Haz. Code Physical State Haz c. | vsical state and hazard code) K. Handling-Codes for Wastes Listed Above L. Code Physical State a. Code | | | | |
| b. d. | | | | | |
| 15. Special Handling Instructions and Additional Information | MD VEH \$ 89 A - 1430 | | | | |
| | m D 11m. \$ 1501 A | | | | |
| | My Opec - 1301 DRIVER CERT 3684 | | | | |
| classified, packed, marked, and fabeled, and are in all respects in prope | tythe contents of this consignment are fully and accurately described above by proper shipping name and are er condition for transport by highway according to applicable international and national government regulations. | | | | |
| practicable and that I have selected the practicable method of treatmet and the environment; OR, if I am a small quantity generator, I have not be a small quantity generator. | place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically lent, storage, or disposal currently available to me which minimizes the present and future threat to human health made a good faith effort to minimize my waste generation and select the best waste management method that is | | | | |
| available to me and that I can afford. Printed/Typed Name | Signature, Month Day Year | | | | |
| ED WEATHERSTEIN | 2 Westherster 103/06/89 | | | | |
| T 17. Transporter 1 Acknowledgement of Receipt of Materiels Printed/Typed Name | Signature 4. Month Day Year | | | | |
| WILLIAM & DEVINE | William R.D. 103 106 89 | | | | |
| Printed/Typed Name WIIII Am R DEVINE 18, Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name E R Printed/Typed Name | Signature Month Day Year | | | | |
| DICK SILMAN | Nus X Mar 10.30.784 | | | | |
| 19. Discrepancy Indication Space PAPPECIX: 27 | REIVERED - PROZER IN CONTINUE | | | | |
| Al . | TOALE | | | | |
| O THOU COURTIC | ous materials covered by this manifest except as noted in Item 19. | | | | |
| Ť | | | | | |
| Y Printed/Typed Name | Signature Month Day Year | | | | |
| IPAU (HA) | the Following | | | | |



ENVIRITE CORPORATION

TECHNOLOGY FOR THE ENVIRONMENT

March 6, 1989

Mr. Ed Weatherstein A-1 PLATING CO., INC. 311 S. Haven Street Baltimore, MD 21224

Dear Mr. Weatherstein:

The following are the analyses requested on a sample of Wastewater Treatment Sludge (YS# 0327):

| | EP Toxicity Leachate (mg/L) | Maximum Allowable Concentration (mg/L) |
|------------------|-----------------------------|--|
| Arsenic | ≤.88 | 5.0 |
| Barium | ≤.68 | 100.0 |
| Cadmium | .78 | 1.0 |
| Chromium (Total) | 1.4 | 5.0 |
| Lead | ≤.2 | 5.0 |
| Mercury | ≤.0003 | .2 |
| Selenium | ≤.14 | 1.0 |
| Silver | ≤.04 | 5.0 |
| Copper | 1.5 | |
| Nickel | 20 | |
| Zinc | 6.2 | |

EP Toxicity Analyses were performed per SW 846-1310.

| | Total Sample - Acid Digest (mg/kg) |
|------------------|------------------------------------|
| Arsenic | ≤8.8 |
| Barium | 300 |
| Cadmium | 1,800 |
| Chromium (Total) | 5,600 |
| Copper | 760 |
| Iron | 30,000 |
| Lead | 210 |
| Mercury | ≤.0030 |
| Nickel | 2,000 |
| Selenium | ≤1.4 |
| Silver | 9.1 |
| Zinc | 46,000 |

Total Metal Analyses were performed per SW 846-3010.

| · | | Sample | <u>As Is</u> |
|---------|------------|--------|--------------|
| рH | | 9.0 | |
| Cyanide | (Total) | 23.0 | mg/kg |
| Cyanide | (Amenable) | 3.0 | mg/kg |
| TOC | | 120 | mg/kg |

| Mr. Ed Weatherstein | -3- | Ma | rch 6, 1989 | | |
|----------------------------|-----|-------|-------------|--|--|
| Organic Analyses | | | | | |
| Methylene Chloride | | .046 | mg/kg | | |
| Trichloroethylene | | ≤.001 | mg/kg | | |
| Tetrachloroethylene | | ≤.001 | mg/kg | | |
| Methyl Ethyl Ketone | | .03 | mg/kg | | |
| Anthracene | | .44 | mg/kg | | |
| Phenol | | ≤.02 | mg/kg | | |
| 1,2 - diphenyl hydrazine 3 | | ≤.01 | mg/kg | | |
| n - Nitrosodiphenyl amine | | | | | |

Please call if we can be of further assistance.

Sincerely,

ENVIRITE CORPORATION

Judith C. Sayko Assistant Operations Manager

JCS/dlt

4.43

NONHAZARDOUS CERTIFICATION

Wastewater Treatment Sludge waste received 3-6-89 This is to certify that ____ from A-1 Plating, Baltimore, MD on manifest PAB 4599442 ____ has been rendered nonhazardous in full compliance with the terms of Envirite Corporation's delisting petition granted by the U.S. EPA November 6, 1986, and the State of Penna. on Nov. 5, 1981 Having changed this hazardous waste into a nonhazardous material, Envirite Corporation has eliminated all A-1 Plating's future hazardous waste liability for this material under RCRA (Resource Conservation and Recovery Act of 1976). Operations Manager Geoffrey Stengel, Ir. President

ENVIRITE

Corporate Headquarters Plymouth Meeting, Pennsylvania 19462

A - 1 Plating Company, Inc.

METAL FINISHERS



311 S. HAVEN STREET

BALTIMORE, MD. 21224

301 - 327-5552

March 3, 1989

Maryland Department Of The Environment 2500 Broening Highway Baltimore, Maryland 21224

Attn: Harpreet K. Singh

Dear Ms. Singh:

This letter is in response to my phone call to you on Wednesday, March 1, 1989, regarding our sludge pickup problem.

I have contacted Jeff Urey with Envirite in PA., and he informed me that he was waiting for a Module 1 approved from the State of PA.

I called Mr. Tony Kar with the State of PA. (717-657-4588), he informed me that to process a Module I is normally 30 days, but he would try to push it thru in a few days. As soon as Mr. Kar contacts Mr. Urey, the sludge will be picked up and processed for delisting.

Thank you,

A-1 Plating Co., Inc.

Ed Weatherstein,

General Manager

EW/ldk

RECEIVED

MAR 6 1989

HOWMA ENFORCEMENT PROGRAM

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| SMALL GLANTZTY | GENERATOR W | | | | | |
|---|---|---------------------------------|--|--|--|--|
| IX. DESCRIPTION OF HAZARDOUS WASTES (con- | tinued from front) | | | | | |
| A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCE waste from non—specific sources your installation handles. | ES. Enter the four-digit number from 40 CFR Part 261.31 | for each listed hazardous | | | | |
| 2 23 2 26 23 23 | 3 4 5 - 26 9 10 11 | 23 26 | | | | |
| 23 26 23 23 | 23 - 26 23 - 26 | 25 26 | | | | |
| B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. En specific industrial sources your installation handles. Use ac | | | | | | |
| 13 14 12 23 23 23 23 23 23 23 23 23 23 23 23 23 | 15 16 17 17 16 23 25 26 23 25 23 26 23 | 18 | | | | |
| 25 25 26 25 25 26 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26 | 25 26 27 28 23 29 29 29 29 29 29 29 29 29 29 29 29 29 | 23 26 | | | | |
| 23 26 23 26 23 23 20 23 23 23 23 23 23 23 23 23 23 23 23 23 | ASTES. Exter the four-digit number from 40 CFR Part 26 | 23 - 26 | | | | |
| stance your installating andles which may be a hazardous | s waste. As additional sheets if necessary. | 36 | | | | |
| 23 - 26 23 - 25 23 38 | 23 - 26 39 40 23 - 26 41 | 33 3 26 42 | | | | |
| | 25 26 23 - 26 23 - 26 47 | 23 25 | | | | |
| 25 26 23 23 | 26 23 - 26 23 - 26 | 25 26 | | | | |
| LISTED INFECTIOUS WASTES. Enter the four—digit nu hospitals, medical and research laboratories your installation. | | aste from hospitals, veterinary | | | | |
| 49 50 | 51 52 53 | 54 | | | | |
| E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.) | | | | | | |
| X. CERTIFICATION | | | | | | |
| I certify under penalty of law that I have personal attached documents, and that based on my inquiry I believe that the submitted information is true, accommitting false information, including the possibility of | of those individuals immediately responsible for obcurate, and complete. I am aware that there are sign | btaining the information, | | | | |
| SIGNATURE | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED | | | | |
| No. | August J. Naumann, Jr. Vice-President | 8-18-80 | | | | |

I.D. -- FOR OFFICIAL USE ONLY

EPA Form 8700-12 (6-80) REVERSE



State of Maryland Department of Health and Mental Hygiene Office of Environmental Programs 201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

| | rvations: \cancel{XCC} | A HARA FIRM | Date 🖶 J RG J |
|--------------------------|--|--|--------------------|
| acility Name: | | | 4 6 |
| lemarks: | The state of the s | Because 300 Moune | 44 21, 1985, Mr. |
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III

841 Chestnut Building Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection: MDD# 003101847

DATE: 4 3/8

FROM:

Dana J. Barnett, Compliance Officer

DELMARVA, DC, WV RCRA (Enflorcement Section (3HW15)

TO:

FILE

THRU:

John A. Armstead, Chief
DELMARVA, DC, WV RCRA Enforcement Section (3HW15)

BASED UPON REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY

REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED

AT THIS TIME. <



State of Maryland Department of Health and Mental Hygiene Office of Environmental Programs 201 W. Preston St., Balto. MD 21201

| DHS | Inspec | ction | Form |
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| Yes, No. s plan? Yes, No. that plan being followed? |
| tify DHS being handled? |
| n that DHS received equal Yes,No. system to monitor active por- |
| No. atural boundary?Yes, b control entry?Yes, ted access sign posted? |
| pency equipment inspection inspections,security prevention equipment? ted classroom/on-site train- |
| Job_titles/names of ons,Type/amount of |
| gnitable, Reactive or Incom- 1 10.51.05.02 H addressed? |
| 0.51.05.03) |

| | EPA ID Number | TELEPHONE |
|-------------------------|---|---|
| /# T | | |
| Owner/0 | Operator | _Facility Name |
| Address | s <u></u> | Zip |
| | otion of Work Activity | |
| I. Ge <i>A.</i> 1 | Description (10.51.03.01.03) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? Yes,No. Has the facility obtained an EPA identification number? | 2) Does facility generate DHS?Yes,No. 3) Does facility have waste analysis plan?Yes,No. If yes, are the procedures of that plan being followed?Yes,No. 4) Can facility personnel identify DHS being handled?Yes,No. |
| 3 | Yes,No. Describe the amount of waste generated. (day, week or month) | 5) Can facility personnel confirm that DHS received equal those on manifest for any experience. No. |
| | Under which category is the waste(s)? Ignitable Reactive Corrosive EP Toxic RCRA Listed Manifest (10.51.03.04) | 6) Is there a 24-Hour surveillance system to monitor active portion of facility?Yes,No. If No, is there an artificial or natural boundary?Yes,No. Is there a means to control entry?Yes,No. Is there a restricted access sign posted? |
| 1 | Is Maryland manifest system in operation for off-site shipment?No. Is TSD Facility to receive DHS identified byName, AddressEPA ID Number? | Yes,No. 7) Does facility have:emergency equipment inspection log,written schedule for inspections,security devices, operating & structural prevention equipment? 8) Have facility personnel completed classroom/on-site train- |
| 5 \ \ 6 | Is alternate facility identified?Yes,No. Is generator identified byName,Address,Telephone Number,MD/EPA ID Number? Is each transporter identified byName,EPA ID Number,Maryland Certification Number? Is waste property described?Yes,No. Is shipment date marked?Yes,No. | ing?Yes,No. Are records maintained of:Job titles/names of employeesjob descriptions,Type/amount of continuing training? 9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed?Yes,No. |
| 10 11 C. | B) Is quantity of waste described byUnit of Weight,Volume? B) Are containers to be loaded identified byType,Number? B) Is proper certification noted and signed by generator?Yes,No. B) Are adequate copies available for operator, transporter and TSD?Yes,No. B) Pre-Transport Requirements (10.51.03.05) | B. Preparedness and Prevention (10.51.05.03) 1) Facility has the following equipment?Internal communication/alarm system for on-site personnel,device for summoning emergency assistance,adequate fire control equipment, water, & suppression chemicals,list of aforementioned equipment. 2) Does facility have adequate area for emergency movement?Yes,No. |
| | Is each container marked with date accumulation began? Yes, No. If yes, has any waste been stored over 90 days? Yes, No. How much Yes, No. If no, explain Yes, No. If | C. Contingency Plan and Emergency Procedures (10.51.05.04) 1) Does facility have an approved contingency plan for: —Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? —Responding emergency units to provide assistance |
| 3 4 | Are containers properly labeled?Yes,No. Does generator have approved emergency contingency plan?Yes,No. | during emergency situations?A list of emergency equipment needed to cope with situation? |
| 1 | Recordkeeping and Reporting (10.51.03.06) Does the generator have: copies of all signed manifests from the previous three years?Yes,No; copies of each Annual Report and Exception Report?Yes,No. Does the generator retain, for a period of three years, all | 2) Are emergency response coordinators listed by name, address, & phone number?Yes,No. 3) Is there an evacuation plan if recommended?Yes,No. 4) Are emergency coordinators available on twenty-four hour basis?Yes,No. |
| 3 | wastes analyses?Yes,No. Has the generator filed Exception Reports as required by 10.51.03.06 C?Yes,No. | D. Manifest System, Recordkeeping, and Reporting (10.51.05.05) Facility has a written operating record which contains the following information: |
| A. | eatment, Storage, Disposal (TSD) Site characterization (10.51.05.02)) Facility Type | description & quantity of DHS received. method & date of DHS treatment, storage, or disposal. location & quantity at each DHS location in facility. detailed records & results of waste analysis & treatability tests performed. detailed operating summary reports. detailed operating summary reports. description of emergency incidents that required implementation of contingency plan. records & results of inspections of emergency equipment. TSD systems & hazardous waste areas. Has facility retained, for at least 3 years, copies of all manifests? |